



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                                                                                    |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|--------------------------------------------------------------------------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                               |  |                       |                                                                                                                    |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  | MRB (QSI042) Approval |                                                                                                                    |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |  |                       | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                                                                                    |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                                                                                    |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                                                                                    |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/>     |  |                       |                                                                                                                    |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Outside Dimensions <input type="checkbox"/>   |  |                       |                                                                                                                    |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Over/Under tolerance <input type="checkbox"/> |  |                       |                                                                                                                    |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Incorrect <input type="checkbox"/>       |  |                       |                                                                                                                    |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Part Lost/Missing <input type="checkbox"/>    |  |                       |                                                                                                                    |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Part Moved <input type="checkbox"/>           |  |                       |                                                                                                                    |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Drawing <input type="checkbox"/>              |  |                       |                                                                                                                    |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Finish <input type="checkbox"/>               |  |                       |                                                                                                                    |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Misread <input type="checkbox"/>              |  |                       |                                                                                                                    |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Turning Sequence <input type="checkbox"/>     |  |                       |                                                                                                                    |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                                                                                    |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                                                                                    |  |



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                 |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Step #: _____                                                                                                                                                                      | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | MRB (QSI042) Approval                           |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                 |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Lead hand / Supervisor<br>Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | QC / QA Coordinator<br>Approval                 |  |
| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>             Environment <input type="checkbox"/><br/>             Design <input type="checkbox"/><br/>             Doc/Data <input type="checkbox"/><br/>             Equip/Tooling <input type="checkbox"/><br/>             Handling/Pre <input type="checkbox"/><br/>             Material <input type="checkbox"/><br/>             Internal Transport <input type="checkbox"/><br/>             Tribal Knowledge <input type="checkbox"/><br/>             LOA <input type="checkbox"/><br/>             Substation <input type="checkbox"/><br/>             Past Expiry Date <input type="checkbox"/><br/>             Misidentified <input type="checkbox"/> </div> <div>             No Re-verification <input type="checkbox"/><br/>             Operator <input type="checkbox"/><br/>             Offset/Setup <input type="checkbox"/><br/>             Supplier <input type="checkbox"/><br/>             Training <input type="checkbox"/><br/>             Use for Testing <input type="checkbox"/><br/>             Poor Information <input type="checkbox"/><br/>             Rushing <input type="checkbox"/><br/>             Product Improvement <input type="checkbox"/><br/>             Process Improvement <input type="checkbox"/><br/>             Manufacturing Process <input type="checkbox"/><br/>             Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>             Pressure/Forced <input type="checkbox"/><br/>             Bending <input type="checkbox"/><br/>             Centre Not Concentric <input type="checkbox"/><br/>             Cracks <input type="checkbox"/><br/>             Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>             Cuffs <input type="checkbox"/><br/>             Crushing <input type="checkbox"/><br/>             Heat Treat <input type="checkbox"/><br/>             Wave/Twist in Tube <input type="checkbox"/><br/>             Marks/Chatter <input type="checkbox"/> </div> <div>             Temperature/Cure <input type="checkbox"/><br/>             Set-up <input type="checkbox"/><br/>             BOM/Route <input type="checkbox"/><br/>             Broken/Damage/Defect <input type="checkbox"/><br/>             Inspection Incomplete/Unqualified <input type="checkbox"/><br/>             Contamination <input type="checkbox"/><br/>             Countersink <input type="checkbox"/><br/>             Cut Too Short <input type="checkbox"/><br/>             Instructions Incomplete/Unclear <input type="checkbox"/><br/>             Drill Holes <input type="checkbox"/> </div> <div>             Power Loss/Surge <input type="checkbox"/><br/>             Folio/Program <input type="checkbox"/><br/>             Grain <input type="checkbox"/><br/>             Weld <input type="checkbox"/><br/>             Wrong Stock Pulled <input type="checkbox"/><br/>             Out of Sequence <input type="checkbox"/><br/>             Off-set <input type="checkbox"/><br/>             Mislabeled <input type="checkbox"/><br/>             Fit/Function <input type="checkbox"/><br/>             Misaligned/off center <input type="checkbox"/> </div> <div>             Positioned Wrong <input type="checkbox"/><br/>             Outside Dimensions <input type="checkbox"/><br/>             Over/Under tolerance <input type="checkbox"/><br/>             Part Incorrect <input type="checkbox"/><br/>             Part Lost/Missing <input type="checkbox"/><br/>             Part Moved <input type="checkbox"/><br/>             Drawing <input type="checkbox"/><br/>             Finish <input type="checkbox"/><br/>             Misread <input type="checkbox"/><br/>             Turning Sequence <input type="checkbox"/> </div> </div> |  |                                                 |  |
| <input type="checkbox"/> OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                 |  |

# Work Order ID 142275

March 04, 2016 8:51:15 AM

**\*142275\***

Page 3

Item ID: D3883-1 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Saddle, Outboard LH  
 Start Date: 3/10/2016 Start Qty: 8.00 **\*8\*** Cust Item ID:  
 Required Date: 3/24/2016 Req'd Qty: 8.00 **\*8\*** Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                                                                                         | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty       | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|------------------------------------------------------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------------|------------------|----------------|
| 140                            | White Gloss(Ref:4.3.5.1) per OSI005 4.3-Alum                                                                     | 0.00                 |         |        |              |               |                     |                  |                |
| <b>*140*</b>                   | <i>M. 133 962</i>                                                                                                |                      |         |        |              | <i>8</i>      | <i>φ. 16-03 28.</i> | <i>DAS 34</i>    | <i>9-89</i>    |
| Powdercoat                     | Memo                                                                                                             | 0.01                 |         |        |              |               |                     |                  |                |
| Powder Coating                 | ***MASK INSIDE SURFACES OF SADDLE PRIOR TO APPLICATION OF<br>POWDER COAT AS PER INDICATED ON DWG (SEE NOTE 2)*** |                      |         |        |              |               |                     |                  |                |
|                                | ***DO NOT MASK INSIDE FLANGE SURFACE***                                                                          |                      |         |        |              |               |                     |                  |                |
|                                | START TIME: <i>10:10.</i>                                                                                        |                      |         |        |              |               |                     |                  |                |
|                                | OVEN TEMPERATURE: <i>320°</i>                                                                                    |                      |         |        |              |               |                     |                  |                |
|                                | FINISH TIME: <i>10:40.</i>                                                                                       |                      |         |        |              |               |                     |                  |                |
| 150                            | QC3- Inspect Part Finish                                                                                         | 0.00                 |         |        |              |               |                     |                  |                |
| <b>*150*</b>                   |                                                                                                                  |                      |         |        |              |               |                     |                  |                |
| QC                             | Memo                                                                                                             | 0.00                 |         |        |              |               |                     |                  |                |
| Quality Control                |                                                                                                                  |                      |         |        |              |               |                     |                  |                |

*8*

DAS  
38  
MAR 28 2016

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                          |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                     |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
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| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>             Environment <input type="checkbox"/><br/>             Design <input type="checkbox"/><br/>             Doc/Data <input type="checkbox"/><br/>             Equip/Tooling <input type="checkbox"/><br/>             Handling/Pre <input type="checkbox"/><br/>             Material <input type="checkbox"/><br/>             Internal Transport <input type="checkbox"/><br/>             Tribal Knowledge <input type="checkbox"/><br/>             LOA <input type="checkbox"/><br/>             Substation <input type="checkbox"/><br/>             Past Expiry Date <input type="checkbox"/><br/>             Misidentified <input type="checkbox"/> </div> <div>             No Re-verification <input type="checkbox"/><br/>             Operator <input type="checkbox"/><br/>             Offset/Setup <input type="checkbox"/><br/>             Supplier <input type="checkbox"/><br/>             Training <input type="checkbox"/><br/>             Use for Testing <input type="checkbox"/><br/>             Poor Information <input type="checkbox"/><br/>             Rushing <input type="checkbox"/><br/>             Product Improvement <input type="checkbox"/><br/>             Process Improvement <input type="checkbox"/><br/>             Manufacturing Process <input type="checkbox"/><br/>             Past Due <input type="checkbox"/> </div> </div> |  | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/> |  | <b>FAULT CATEGORY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> |  | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Mislabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> |  | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |

# Work Order ID 142275

March 04, 2016 8:51:15 AM

**\*142275\***

Page 4

Item ID: D3883-1 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Saddle, Outboard LH  
 Start Date: 3/10/2016 Start Qty: 8.00 **\*8\*** Cust Item ID:  
 Required Date: 3/24/2016 Req'd Qty: 8.00 **\*8\*** Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                           | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|----------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 160                            | Identify as per dwg & Stock Location: <u>51404</u> | 0.00                 |         |        |              | <u>8</u>      |               |                  |                |
| <b>*160*</b>                   |                                                    |                      |         |        |              |               |               |                  |                |
| Packaging                      | Memo                                               | 0.00                 |         |        |              |               |               |                  |                |
| Packaging                      |                                                    |                      |         |        |              |               |               |                  |                |
| 170                            | QC21- Final Inspection - Work Order Release        | 0.00                 |         |        |              |               |               |                  |                |
| <b>*170*</b>                   |                                                    |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                               | 0.01                 |         |        |              |               |               |                  |                |
| Quality Control                |                                                    |                      |         |        |              |               |               |                  |                |

MLJ MAR 30 2016

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                              |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Step #: _____                                                                                                                                                                      | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | QC / QA Coordinator Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                              |  |
| <b>Root Cause</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">             Environment <input type="checkbox"/><br/>             Design <input type="checkbox"/><br/>             Doc/Data <input type="checkbox"/><br/>             Equip/Tooling <input type="checkbox"/><br/>             Handling/Pre <input type="checkbox"/><br/>             Material <input type="checkbox"/><br/>             Internal Transport <input type="checkbox"/><br/>             Tribal Knowledge <input type="checkbox"/><br/>             LOA <input type="checkbox"/><br/>             Substation <input type="checkbox"/><br/>             Past Expiry Date <input type="checkbox"/><br/>             Misidentified <input type="checkbox"/> </div> <div style="width: 50%;">             No Re-verification <input type="checkbox"/><br/>             Operator <input type="checkbox"/><br/>             Offset/Setup <input type="checkbox"/><br/>             Supplier <input type="checkbox"/><br/>             Training <input type="checkbox"/><br/>             Use for Testing <input type="checkbox"/><br/>             Poor Information <input type="checkbox"/><br/>             Rushing <input type="checkbox"/><br/>             Product Improvement <input type="checkbox"/><br/>             Process Improvement <input type="checkbox"/><br/>             Manufacturing Process <input type="checkbox"/><br/>             Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <b>FAULT CATEGORY</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;">             Pressure/Forced <input type="checkbox"/><br/>             Bending <input type="checkbox"/><br/>             Centre Not Concentric <input type="checkbox"/><br/>             Cracks <input type="checkbox"/><br/>             Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>             Cuffs <input type="checkbox"/><br/>             Crushing <input type="checkbox"/><br/>             Heat Treat <input type="checkbox"/><br/>             Wave/Twist in Tube <input type="checkbox"/><br/>             Marks/Chatter <input type="checkbox"/> </div> <div style="width: 33%;">             Temperature/Cure <input type="checkbox"/><br/>             Set-up <input type="checkbox"/><br/>             BOM/Route <input type="checkbox"/><br/>             Broken/Damage/Defect <input type="checkbox"/><br/>             Inspection Incomplete/Unqualified <input type="checkbox"/><br/>             Contamination <input type="checkbox"/><br/>             Countersink <input type="checkbox"/><br/>             Cut Too Short <input type="checkbox"/><br/>             Instructions Incomplete/Unclear <input type="checkbox"/><br/>             Drill Holes <input type="checkbox"/> </div> <div style="width: 33%;">             Power Loss/Surge <input type="checkbox"/><br/>             Folio/Program <input type="checkbox"/><br/>             Grain <input type="checkbox"/><br/>             Weld <input type="checkbox"/><br/>             Wrong Stock Pulled <input type="checkbox"/><br/>             Out of Sequence <input type="checkbox"/><br/>             Off-set <input type="checkbox"/><br/>             Mislabeled <input type="checkbox"/><br/>             Fit/Function <input type="checkbox"/><br/>             Misaligned/off center <input type="checkbox"/> </div> <div style="width: 33%;">             Positioned Wrong <input type="checkbox"/><br/>             Outside Dimensions <input type="checkbox"/><br/>             Over/Under tolerance <input type="checkbox"/><br/>             Part Incorrect <input type="checkbox"/><br/>             Part Lost/Missing <input type="checkbox"/><br/>             Part Moved <input type="checkbox"/><br/>             Drawing <input type="checkbox"/><br/>             Finish <input type="checkbox"/><br/>             Misread <input type="checkbox"/><br/>             Turning Sequence <input type="checkbox"/> </div> </div> |  |                                              |  |
| OTHER : <input type="checkbox"/> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                              |  |



# Picklist Print

March 04, 2016 8:51:19 AM

Page 1

Work Order ID: 142275

**\*142275\***

Parent Item: D3883-1

**\*D3883-1\***

Parent Item Name: Saddle, Outboard LH

Start Date: 3/10/2016

Required Date: 3/24/2016

Start Qty: 8.00

Required Qty: 8.00

Comments: IPP RevA: New issue DD verified by:EC  
15.05.20 remove inside powdercoat DD VERF:JLM

IPP REV:B

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued  | Status      |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|-----------------|-------------|
| D6101-015                       |                        | Manufactured  | No          |                     |                  | 100             | Each               | 40.0000        | 1           | 8            |               |                 | DAS         |
| <b>*D6101-015*</b>              |                        |               |             |                     |                  |                 |                    |                | <b>**</b>   |              |               | <b>16/03/16</b> | <b>40</b>   |
| Saddle Billet                   |                        |               |             |                     |                  |                 |                    |                |             |              |               |                 | <b>9.00</b> |

Location

Loc Qty

Loc Code

MAT045

40

135497

6

→ 135836

4

→ 137531

10

137692

20

**2**

**6**

|                                          |               |                             |
|------------------------------------------|---------------|-----------------------------|
| <b>DART AEROSPACE LTD</b>                |               | <b>Work Order:</b> 142275   |
| <b>Description:</b> Saddle, Outboard, LH |               | <b>Part Number:</b> D3883-1 |
| <b>Inspection Dwg:</b> D3883             | <b>Rev:</b> D | <b>Page 1 of 1</b>          |

Inspect dimensions highlighted on inspection sheet drawing and record below:

| Dim           | Min   | Max   | Go/No Go Gauge | Recorded Actual Dimensions |       |       |       | By | Date |
|---------------|-------|-------|----------------|----------------------------|-------|-------|-------|----|------|
|               |       |       |                | 1                          | 2     | 3     | 4     |    |      |
| A             | 2.870 | 2.880 |                | 2.875                      | 2.875 | 2.875 | 2.875 |    |      |
| B             | 1.433 | 1.443 |                | 1.438                      | 1.438 | 1.438 | 1.438 |    |      |
| C             | 0.638 | 0.658 |                | 0.645                      | 0.647 | 0.645 | 0.647 |    |      |
| D             | 3.895 | 3.905 |                | 3.900                      | 3.900 | 3.900 | 3.900 |    |      |
| E             | 0.257 | 0.262 |                | 0.258                      | 0.258 | 0.258 | 0.258 |    |      |
| F             | 0.605 | 0.625 |                | 0.613                      | 0.614 | 0.613 | 0.615 |    |      |
| G             | 1.120 | 1.130 |                | 1.125                      | 1.125 | 1.125 | 1.125 |    |      |
| H             | 2.245 | 2.255 |                | 2.250                      | 2.250 | 2.250 | 2.250 |    |      |
| I             | 2.000 | 2.020 |                | 2.000                      | 2.000 | 2.000 | 2.000 |    |      |
| J             | 0.140 | 0.165 |                | 0.147                      | 0.149 | 0.147 | 0.148 |    |      |
| K             | 0.240 | 0.260 |                | 0.247                      | 0.247 | 0.247 | 0.247 |    |      |
| L             | 0.115 | 0.135 |                | 0.126                      | 0.125 | 0.127 | 0.126 |    |      |
| M             | 0.140 | 0.165 |                | 0.147                      | 0.147 | 0.147 | 0.147 |    |      |
| N             | 0.720 | 0.780 |                | 0.780                      | 0.780 | 0.780 | 0.780 |    |      |
| O             | 0.240 | 0.260 |                | 0.249                      | 0.250 | 0.247 | 0.248 |    |      |
| P             | 0.110 | 0.140 |                | 0.135                      | 0.135 | 0.135 | 0.135 |    |      |
| Q             | 0.178 | 0.198 |                | 0.188                      | 0.188 | 0.188 | 0.188 |    |      |
| R             | 2.825 | 2.885 |                | 2.855                      | 2.855 | 2.855 | 2.855 |    |      |
| S             | 0.316 | 0.321 |                | 0.316                      | 0.316 | 0.316 | 0.316 |    |      |
| T             | 0.990 | 1.010 |                | 1.005                      | 1.008 | 1.000 | 1.007 |    |      |
| U             | 1.745 | 1.755 |                | 1.750                      | 1.750 | 1.750 | 1.750 |    |      |
| V             | 5.990 | 6.010 |                | 6.002                      | 6.000 | 6.000 | 6.000 |    |      |
| W             | 1.245 | 1.255 |                | 1.250                      | 1.250 | 1.250 | 1.250 |    |      |
| X             | 0.490 | 0.510 |                | 0.502                      | 0.502 | 0.502 | 0.503 |    |      |
| Y             | 1.220 | 1.280 |                | 1.260                      | 1.260 | 1.260 | 1.260 |    |      |
| Z             | 2.495 | 2.505 |                | 2.500                      | 2.500 | 2.500 | 2.500 |    |      |
| AA            | 0.313 | 0.318 |                | 0.314                      | 0.314 | 0.314 | 0.314 |    |      |
| AB            | 0.020 | 0.040 |                | 0.030                      | 0.030 | 0.030 | 0.030 |    |      |
| AC            | 0.760 | 0.765 |                | 0.760                      | 0.760 | 0.760 | 0.760 |    |      |
| AD            | 0.215 | 0.220 |                | 0.219                      | 0.219 | 0.219 | 0.219 |    |      |
| AE            | 1.265 | 1.285 |                | 1.265                      | 1.265 | 1.265 | 1.265 |    |      |
| AF            |       |       |                |                            |       |       |       |    |      |
| Accept/Reject |       |       |                | ✓                          | ✓     | ✓     | ✓     |    |      |

DAS

40

9-59

DAS

V4

9-59

|              |          |
|--------------|----------|
| Measured by: |          |
| Date:        | 16/03/19 |

|             |          |
|-------------|----------|
| Audited by: |          |
| Date:       | 16/03/21 |

| Rev | Date     | Change             | Revised by | Approved |
|-----|----------|--------------------|------------|----------|
| A   | 09.10.22 | New Issue          | KJ         | JLM      |
| B   | 09.11.25 | Dimension AE added | KJ         |          |
| C   | 15.06.22 | Dwg Rev updated    | KJ         |          |

142275

|                                          |               |                     |                  |
|------------------------------------------|---------------|---------------------|------------------|
| <b>DART AEROSPACE LTD</b>                |               | <b>Work Order:</b>  | <del>13882</del> |
| <b>Description:</b> Saddle, Outboard, LH |               | <b>Part Number:</b> | D3883-1          |
| <b>Inspection Dwg:</b> D3883             | <b>Rev.</b> D | <b>Page 1 of 1</b>  |                  |

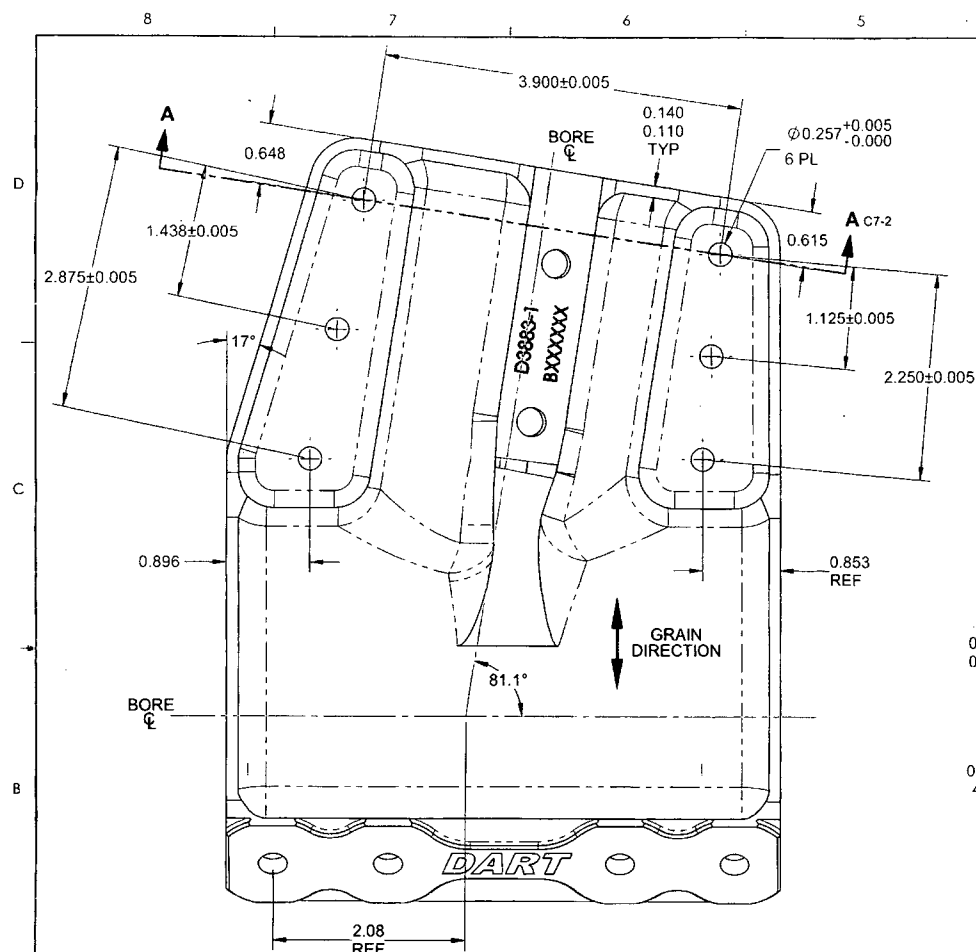
Inspect dimensions highlighted on inspection sheet drawing and record below:

| Dim           | Min   | Max   | Go/No Go Gauge | Recorded Actual Dimensions |       |       |       | By | Date |
|---------------|-------|-------|----------------|----------------------------|-------|-------|-------|----|------|
|               |       |       |                | 15                         | 26    | 37    | 49    |    |      |
| A             | 2.870 | 2.880 |                | 2.875                      | 2.875 | 2.875 | 2.875 |    |      |
| B             | 1.433 | 1.443 |                | 1.438                      | 1.438 | 1.438 | 1.438 |    |      |
| C             | 0.638 | 0.658 |                | 0.644                      | 0.645 | 0.644 | 0.645 |    |      |
| D             | 3.895 | 3.905 |                | 3.900                      | 3.900 | 3.900 | 3.900 |    |      |
| E             | 0.257 | 0.262 |                | 0.258                      | 0.258 | 0.258 | 0.258 |    |      |
| F             | 0.605 | 0.625 |                | 0.612                      | 0.613 | 0.612 | 0.612 |    |      |
| G             | 1.120 | 1.130 |                | 1.125                      | 1.125 | 1.125 | 1.125 |    |      |
| H             | 2.245 | 2.255 |                | 2.250                      | 2.250 | 2.250 | 2.250 |    |      |
| I             | 2.000 | 2.020 |                | 2.000                      | 2.000 | 2.000 | 2.000 |    |      |
| J             | 0.140 | 0.165 |                | 0.145                      | 0.147 | 0.146 | 0.146 |    |      |
| K             | 0.240 | 0.260 |                | 0.247                      | 0.246 | 0.246 | 0.244 |    |      |
| L             | 0.115 | 0.135 |                | 0.126                      | 0.126 | 0.126 | 0.126 |    |      |
| M             | 0.140 | 0.165 |                | 0.147                      | 0.145 | 0.146 | 0.144 |    |      |
| N             | 0.720 | 0.780 |                | 0.780                      | 0.780 | 0.780 | 0.780 |    |      |
| O             | 0.240 | 0.260 |                | 0.243                      | 0.245 | 0.245 | 0.243 |    |      |
| P             | 0.110 | 0.140 |                | 0.135                      | 0.135 | 0.135 | 0.135 |    |      |
| Q             | 0.178 | 0.198 |                | 0.188                      | 0.188 | 0.188 | 0.188 |    |      |
| R             | 2.825 | 2.885 |                | 2.855                      | 2.855 | 2.855 | 2.855 |    |      |
| S             | 0.316 | 0.321 |                | 0.316                      | 0.316 | 0.316 | 0.316 |    |      |
| T             | 0.990 | 1.010 |                | 1.001                      | 1.000 | 1.000 | 1.000 |    |      |
| U             | 1.745 | 1.755 |                | 1.750                      | 1.750 | 1.750 | 1.750 |    |      |
| V             | 5.990 | 6.010 |                | 6.000                      | 6.000 | 6.000 | 6.000 |    |      |
| W             | 1.245 | 1.255 |                | 1.250                      | 1.250 | 1.250 | 1.250 |    |      |
| X             | 0.490 | 0.510 |                | 0.503                      | 0.502 | 0.501 | 0.500 |    |      |
| Y             | 1.220 | 1.280 |                | 1.260                      | 1.260 | 1.260 | 1.260 |    |      |
| Z             | 2.495 | 2.505 |                | 2.500                      | 2.500 | 2.500 | 2.500 |    |      |
| AA            | 0.313 | 0.318 |                | 0.314                      | 0.314 | 0.314 | 0.314 |    |      |
| AB            | 0.020 | 0.040 |                | 0.030                      | 0.030 | 0.030 | 0.030 |    |      |
| AC            | 0.760 | 0.765 |                | 0.760                      | 0.760 | 0.760 | 0.760 |    |      |
| AD            | 0.215 | 0.220 |                | 0.219                      | 0.219 | 0.219 | 0.219 |    |      |
| AE            | 1.265 | 1.285 |                | 1.265                      | 1.265 | 1.265 | 1.265 |    |      |
| AF            |       |       |                |                            |       |       |       |    |      |
| Accept/Reject |       |       |                | ✓                          | ✓     | ✓     | ✓     |    |      |

|              |      |
|--------------|------|
| Measured by: | DAS  |
| Date:        | 40   |
|              | 9-99 |

|             |      |
|-------------|------|
| Audited by: | DAS  |
| Date:       | 14   |
|             | 9-99 |

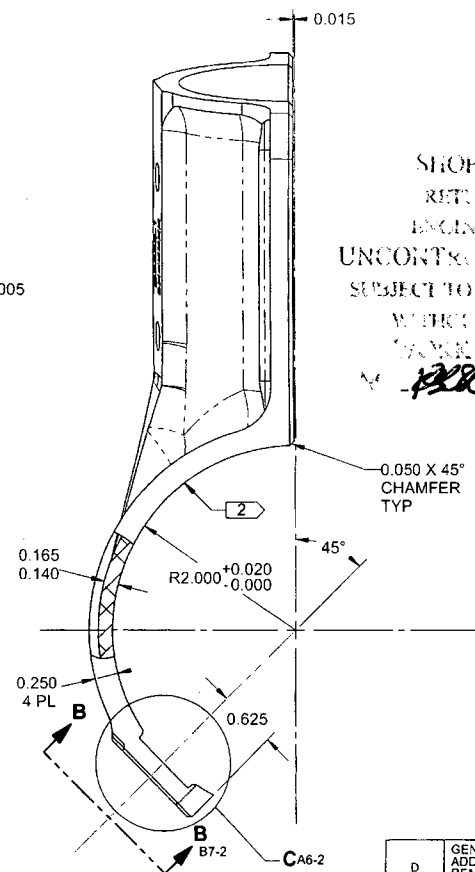
| Rev | Date     | Change             | Revised by | Approved |
|-----|----------|--------------------|------------|----------|
| A   | 09.10.22 | New Issue          | KJ         | JLM      |
| B   | 09.11.25 | Dimension AE added | KJ         |          |
| C   | 15.06.22 | Dwg Rev updated    | KJ         |          |



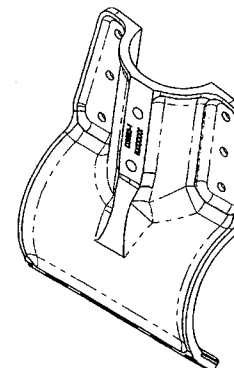
**D3883-1 SADDLE, OUTBOARD LH**

**NOTES:**

- 1) MATERIAL: 7075-T7351 ALUMINUM PER AMS-QQ-A-250/12, OR QQ-A-250/12 OR ASTM B'09 (REF DART SPEC. D6101-015)
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1  
MASK INSIDE SURFACES OF SADDLE PRIOR TO APPLICATION OF POWDER COAT  
POWDER COAT GLOSS WHITE (4.3.5.1) PER DART QSI 005 4.3
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX.
- 6) IDENTIFICATION: ENGRAVE PART AND BATCH NUMBER IN THIS AREA TO MAX. DEPTH OF 0.010 WITH A MIN. TOOL RAD OF R0.010
- 7) WEIGHT: 1.03 lbs
- 8) ENGRAVE DART LOGO TO MAX DEPTH OF 0.015 WITH MIN RAD R0.250
- 9) ALL NON-DIMENSIONED FEATURES DEFINED PER DRAWING FILE "D3883-1-REVD.SLDPRT"



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DATE 12/10/2011  
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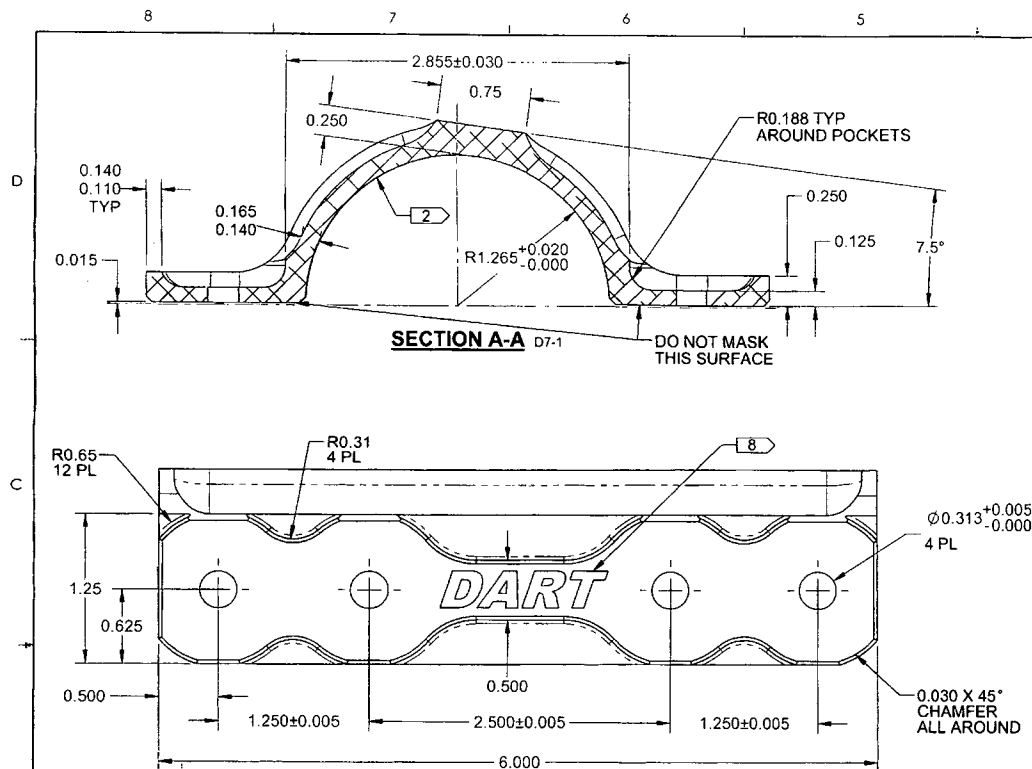
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2015 MAY 19

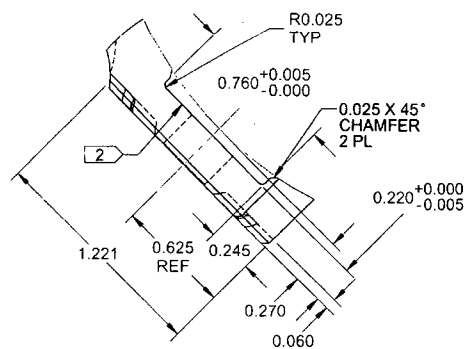
A.P. ECNIS-575

| D          | GENERAL REDRAW, ADDED D3883-2 ON SHEETS 3 & 4, ADDED NOTE 9 & REMOVED UNNECESSARY DIMS. REMOVED POWDER COAT ON INSIDE SURFACE OF D3883-1/2 | AP                                                                                                                                                                                                                                                                                    | 15.02.11     |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| C          | ADD R1.265 (ZN D6-2)                                                                                                                       | RF                                                                                                                                                                                                                                                                                    | 09.11.09     |
| B          | D6101-015, ZN A7-1; ADD 0.648, ZN D7-1; ADD 0.615, ZN D6-1; ADD 0.125, ZN D7-2; ADD 0.060 & R6.031, ZN B5-2; 0.75 WAS 0.728, ZN C7-2       | RF                                                                                                                                                                                                                                                                                    | 09.06.30     |
| A          | NEW ISSUE                                                                                                                                  | RF                                                                                                                                                                                                                                                                                    | 09.03.30     |
| REV.       | DESCRIPTION                                                                                                                                | BY                                                                                                                                                                                                                                                                                    | DATE         |
| DESIGN     | AP                                                                                                                                         | <b>DART AEROSPACE USA, INC.</b><br>KENT, WA                                                                                                                                                                                                                                           |              |
| DRAWN      | AP                                                                                                                                         |                                                                                                                                                                                                                                                                                       |              |
| CHECKED    | AJS                                                                                                                                        | DRAWING NO.                                                                                                                                                                                                                                                                           | REV. D       |
| MFG. APPR. | JLM                                                                                                                                        | D3883                                                                                                                                                                                                                                                                                 | SHEET 1 OF 4 |
| APPROVED   | HS                                                                                                                                         | TITLE                                                                                                                                                                                                                                                                                 | SCALE        |
| DE APPR.   | D3                                                                                                                                         | OUTBOARD SADDLE                                                                                                                                                                                                                                                                       | NTS          |
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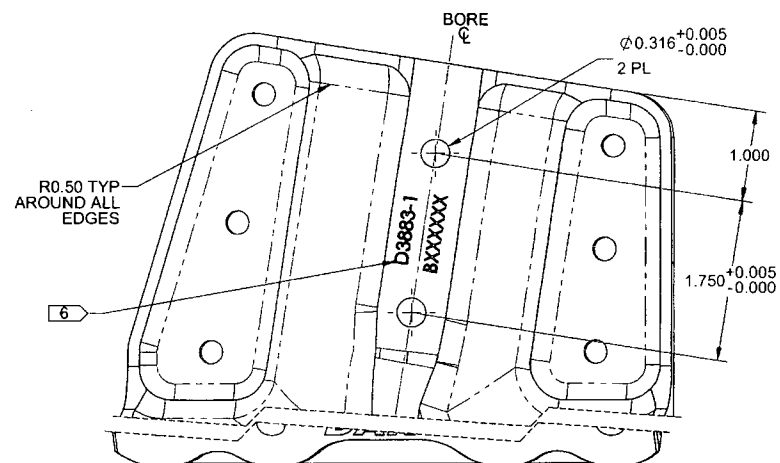
APPROVED



SECTION B-B B4-1



DETAIL C C4-1

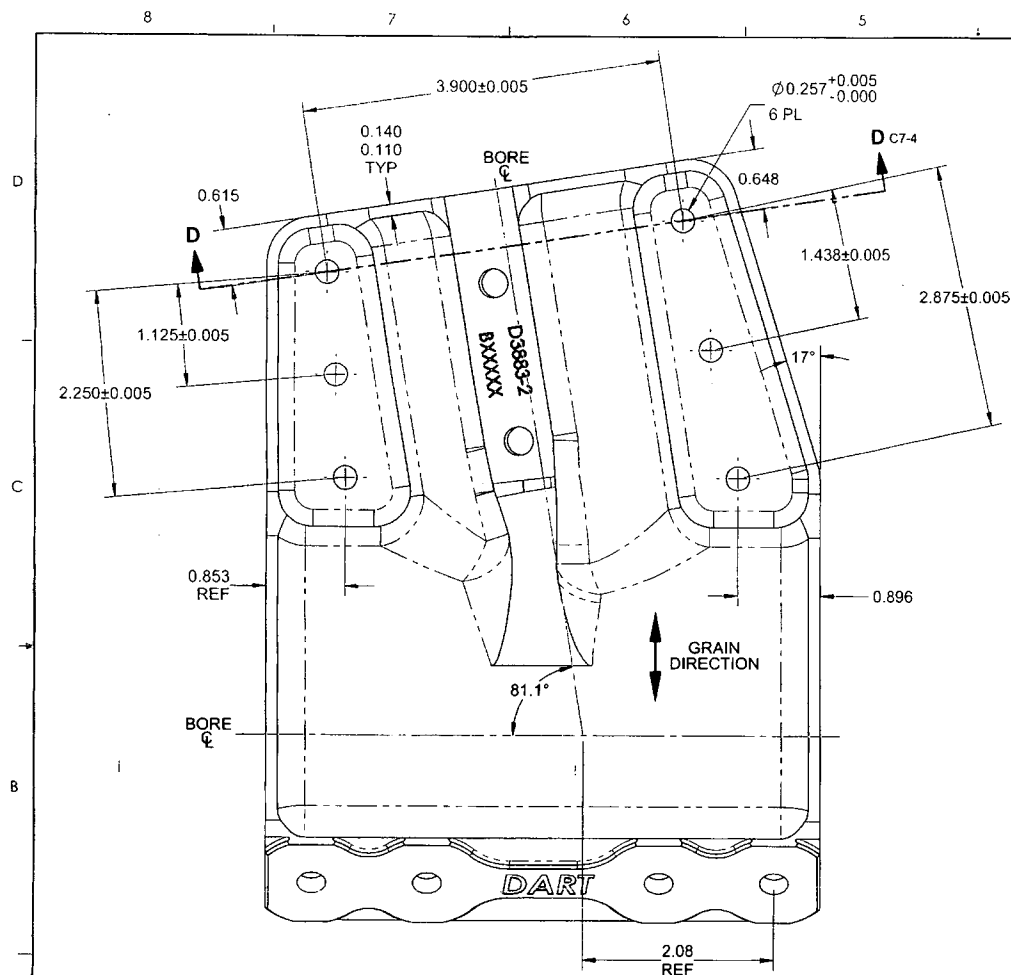


D3883-1 SADDLE, OUTBOARD LH  
(AUXILIARY VIEW)

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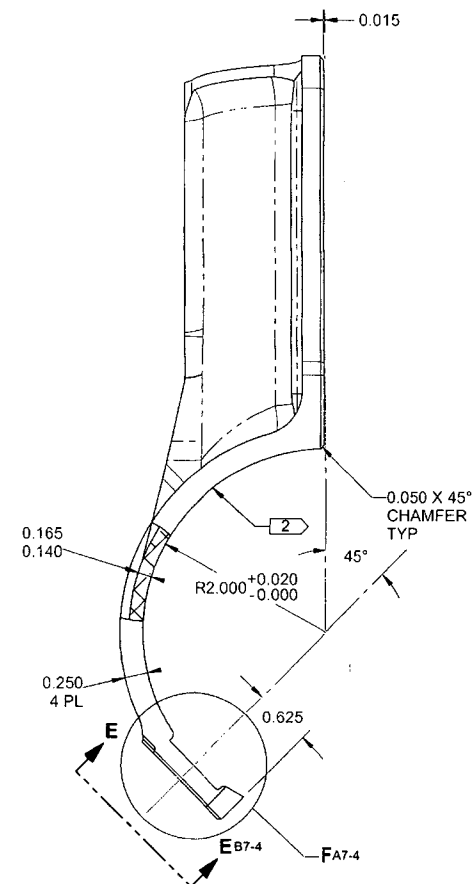
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|----------|-----------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| APPROVED | DESIGN    | AP       | DART AEROSPACE USA, INC.                                                                                                                                                                                                                                                             |              |
|          | DRAWN     | AP       | KENT, WA                                                                                                                                                                                                                                                                             |              |
|          | CHECKED   | AJS      | DRAWING NO.                                                                                                                                                                                                                                                                          | REV. D       |
|          | MFG. APPR | JLM      | D3883                                                                                                                                                                                                                                                                                | SHEET 2 OF 4 |
|          | APPROVED  | HS       | TITLE                                                                                                                                                                                                                                                                                | SCALE        |
|          | DE APPR   | DS       | OUTBOARD SADDLE                                                                                                                                                                                                                                                                      | NTS          |
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**D3883-2 SADDLE, OUTBOARD RH** D

**NOTES:**

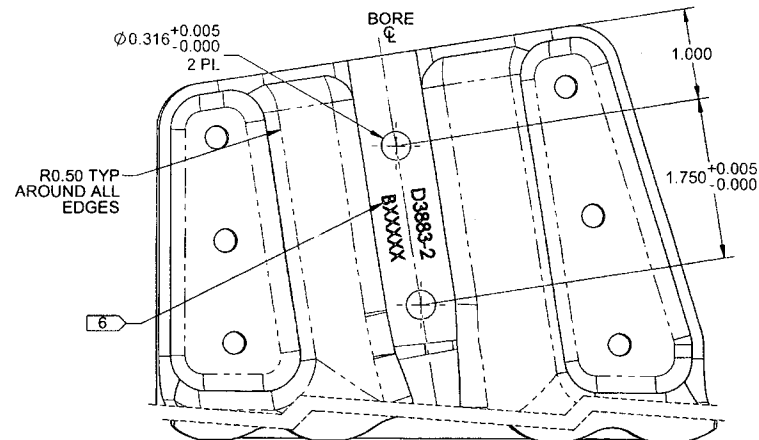
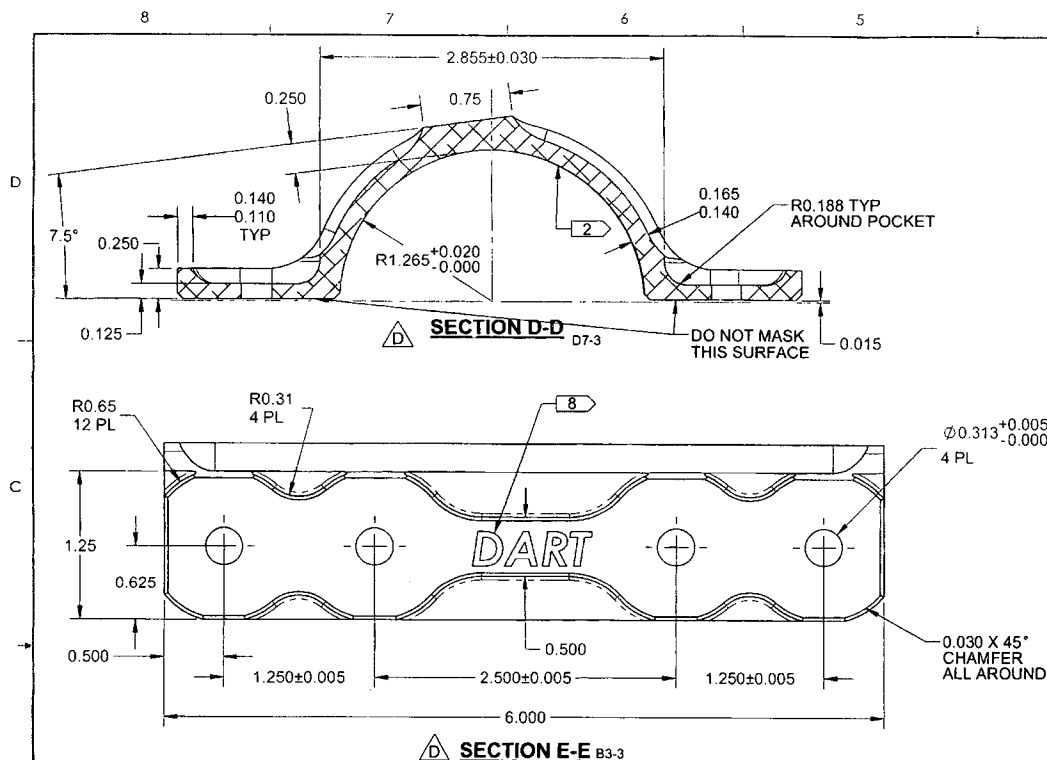
- 1) MATERIAL: 7075-T7351 ALUMINUM PER AMS-QQ-A-250/12, OR QQ-A-250/12 OR ASTM B209 (REF DART SPEC. D6101-015)
- D 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1  
MASK INSIDE SURFACES OF SADDLE PRIOR TO APPLICATION OF POWDER COAT  
POWDER COAT GLOSS WHITE (4.3.5.1) PER DART QSI 005 4.3
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: ENGRAVE PART AND BATCH NUMBER IN THIS AREA TO  
MAX. DEPTH OF 0.010 WITH A MIN. TOOL RAD OF R0.010
- 7) WEIGHT: 1.03 lbs
- D 8) ENGRAVE DART LOGO TO MAX DEPTH OF 0.015 WITH MIN RAD R0.250
- 9) ALL NON-DIMENSIONED FEATURES DEFINED PER DRAWING FILE "D3883-2-REV.D.SLDPRT"



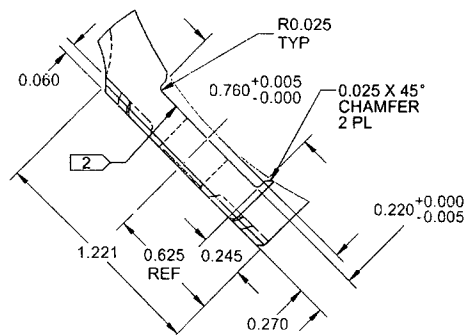
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|            |          |                                                                                                                                                                                                                                                                                                     |              |
|------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | AP       | <b>DART AEROSPACE USA, INC.</b>                                                                                                                                                                                                                                                                     |              |
| DRAWN      | AP       | KENT, WA                                                                                                                                                                                                                                                                                            |              |
| CHECKED    | AJS      | DRAWING NO.                                                                                                                                                                                                                                                                                         | REV. D       |
| MFG. APPR. | JLM      | <b>D3883</b>                                                                                                                                                                                                                                                                                        | SHEET 3 OF 4 |
| APPROVED   | HS       | TITLE                                                                                                                                                                                                                                                                                               | SCALE        |
| DE APPR.   | DS       | <b>OUTBOARD SADDLE</b>                                                                                                                                                                                                                                                                              | NTS          |
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**D3883-2 SADDLE, OUTBOARD RH**  
(AUXILIARY VIEW)



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|          |            |          |                                                                                                                                                                                                                                                                                                      |              |
|----------|------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
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|          | DRAWN      | AP       | KENT, WA                                                                                                                                                                                                                                                                                             |              |
|          | CHECKED    | AJS      | DRAWING NO.                                                                                                                                                                                                                                                                                          | REV. D       |
|          | MFG. APPR. | JLM      | <b>D3883</b>                                                                                                                                                                                                                                                                                         | SHEET 4 OF 4 |
|          | APPROVED   | HS       | TITLE                                                                                                                                                                                                                                                                                                | SCALE        |
|          | DE APPR.   | DS       | <b>OUTBOARD SADDLE</b>                                                                                                                                                                                                                                                                               | NTS          |
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